

EXHIBIT H

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF WALKER INTERNATIONAL HOLDINGS LIMITED		COURT CASE NUMBER 1:05-mc-156	
DEFENDANT CMS Noreco Congo., c/o its Registered Agent Corp. Trust Co.		TYPE OF PROCESS Writ of Execution	
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	CMS Noreco Congo./of Corporation Trust Company		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	1209 Orange Street, Wilmington, DE 19801		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			
Paul D. Brown, Esquire Greenberg Traurig 1000 W. Street Suite 1540 Wilmington, DE 19808		Number of process to be served with this Form - 285	02
		Number of parties to be served in this case	01
		Check for service on U.S.A.	\$45.00

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

/Corporation Trust Co. is CMS' Registered Agent
 The Address for Corporation Trust Co. is: 1209 Orange Street, Wilmington, DE 19801
 Corporation Trust Co. Business Hours are: 8:30 A.M. to 4:30 P.M.

Signature of Attorney or other Originator requesting service on behalf of: [Signature] ☒ PLAINTIFF ☐ DEFENDANT

TELEPHONE NUMBER **302-661-7000** DATE **8/10/05**

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 15	District to Serve No. 15	Signature of Authorized USMS Deputy or Clerk [Signature]	Date 8-10-05
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I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)
BRIAN PENROD, HEAD PROCESS SECT

Address (complete only if different than shown above)

☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service **8-10-05** Time **1405** am
pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
			45.00	45.00	-0-	-0-

REMARKS:

FILED**AUG 11 2005**PRIOR EDITIONS
MAY BE USED**I. CLERK OF THE COURT**

FORM USM-285 (Rev. 12/15/80)

United States Marshal's Return for District
of Delaware

I hereby certify and return that I served
the annexed WRIT OF EXECUTION on the there-in
named CMS NOMECA LONGO by handing to and
leaving a true and correct copy thereof with
BRIAN FAVROD personally at _____
1209 ORANGE in the said District on
the 10 day of AUGUST 2005

Marshal's Fees
Mileage

United States Marshal
By [Signature]
Deputy

